



Greene Metropolitan Housing Authority

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General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230
Website: www.gmha.net

Notarized Statement Form Tips Received

Head of Household's

Name: _____ Phone number: (____) ____ - _____
(Please Print)

Address: _____
(Number & Street Name)

(City) (State) (Zip code)

Employee's Name: _____

Amount for Tips \$ _____ monthly weekly yearly
(MUST CONTAIN AMOUNT) (ONE MUST BE CIRCLED)

Signature of Employee Date

Sworn to before me and signed in my presence this _____ day of _____,
20____.

Notary Signature & Seal

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8). ** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8). **

GMHA does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

